

Questions Asked by Smoking Surveys on
Changes in Smoking Behavior and Causes for Change in Smoking Behavior

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Adult Smoker Survey

Brand Usage

- In Column A from the table below, please blacken the code associated with the one brand that you consider your "Regular" brand of cigarettes. (See Table 1 for Cigarette Brand Codes.) If you smoke an alternate brand, please blacken the code associated with that alternate brand. When answering Question 2.9, please keep in mind that Columns A and B should total 100% when added together. (p. 4)
 - Please blacken the numbers that match the brand(s) you consider your regular or alternate brand.
 - How long has this been your "regular brand"? (Mark only one, please.)
 - Is that a methanol or non-methanol brand?
 - Methanol
 - Non-methanol
 - What is the tar level?
 - Regular or full flavor
 - Medium
 - Lights/Mild
 - Ultra Light
 - Lowest/1 mg
 - What is its length?
 - Regular/King Size
 - 100s
 - 120s
 - What is its size?
 - Slim or Super Slim
 - Medium or Regular
 - Wides
 - Is that a filtered or non-filtered brand?
 - Filtered
 - Non-filtered
 - How is it packaged?
 - Soft Pack
 - Hard Pack/Box
 - Please blacken the numbers that represent the percent of time you smoked this brand over the past 3 months. For example, if you smoked your regular brand 90% and an alternate brand 10%, please blacken 90 in Column A and 10 in Column B.
- When you choose an alternate brand, do you typically select a lighter brand than your regular brand, a brand with fuller flavor than your regular brand, or a brand in the same tar category as your regular brand? (p. 4)
 - Lighter brand
 - Fuller flavor brand
 - Brand in the same tar category
- Have you switched brands in the past 3 years? (p. 5)
 - Yes

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- No
- In the past 3 years, have you switched from a higher to a lower tar (lighter) brand? (p. 5)
 - Yes
 - No
- In the past 3 years, have you switched from a lower tar to a higher tar brand? (p. 5)

Changes in Smoking Frequency over Time

- Looking back over the past 3 years, did you smoke about the same, more, or fewer cigarettes than you currently smoke on average? (p. 5)
 - About the same
 - More
 - Fewer

Smoking Cessation

- Over your smoking history, have you ever reduced the number of cigarettes you smoke per day instead of quitting? (p. 6)
 - Yes
 - No
- Have you ever tried one or more nicotine replacement therapies (examples include nicotine gum, nicotine patch, nicotine inhaler, or nicotine spray)? (p. 6)
 - Yes
 - No
- How many times overall have you tried one or more nicotine replacement therapies? (p. 6)
 - 1 to 3
 - 4 to 6
 - 7 or more

Situational Behavior

Work v. Non-work days

- During workdays, do you typically smoke . . . (p. 5)
 - More than you do during non-workdays
 - About the same as you do during non-workdays or
 - Less cigarettes than you do during non-workdays
 - Does not apply
- On days that you work, when do you smoke the majority of your cigarettes? (p. 5)
 - During working hours, including breaks
 - During non-working or leisure hours
 - Does not apply

Place

- Adult smokers indicate that they smoke cigarettes at a variety of times and places. Please look down the list and, for each place or occasion, mark one response that reflects the frequency in which you smoke. A "Does Not Apply" option is provided. This option should be selected by persons who are not employed outside the home as well as students, unemployed, retired, or receiving disability in response to Question 2.38 through 2.40 and 2.45. (p. 7)
 - After meals
 - At social events or parties
 - At a bar or nightclub
 - At work, at my desk or workstation
 - At work, outdoors only, in designated smoking areas
 - Inside my home when I'm alone
 - All throughout my home when non-smokers are present
 - Inside my home among family
 - Only outside my home, e.g., in the yard, deck, garage

Situational Behavior

- How soon after you wake up do you usually smoke your first cigarette? On a weekday (Monday to Friday)? During the weekend? (p. 3)
 - I don't smoke now
 - Less than 15 minutes
 - 15 to 30 minutes
 - More than 30 but less than 60 minutes
 - 1 to 2 hours
 - More than 2 hours but less than half a day
 - More than half a day
 - I don't smoking during the weekdays
- When you are in a place where smoking is forbidden, how difficult is it for you not to smoke? (p. 4)
 - I have never smoked cigarettes
 - Very difficult
 - Difficult
 - Somewhat difficult
 - Slightly difficult
 - Not at all difficult
- If you are sick with a bad cold or sore throat, do you smoke cigarettes? (p. 4)
 - I don't smoke now
 - No, I stop smoking when I am sick
 - Yes, but I cut down the amount I smoke
 - Yes, I smoke in the same amount as when I'm not sick

Socialization

- If one of your best friends offered you a cigarette, would you smoke it? (p. 5)
 - Definitely yes
 - Probably yes
 - Probably not
 - Definitely not

National Household Survey on Drug Abuse

Situational Behavior

- If one of your best friends offered you a cigarette, would you smoke it? (p. 11)
 - Definitely yes
 - Probably yes
 - Probably not
 - Definitely not

Smoking Cessation

- How long has it been since you last smoked part or all of a cigarette? (p. 13)
 - More than 30 days ago but within the past 12 months
 - More than 12 months ago but within the past 3 year
 - More than 3 years ago

Covance/ Total Exposure Study Survey

Brand Usage

- How long have you been smoking this preferred brand (from Question 3.3)? (Provide best estimate.) (o. 10)

- Less than 3 months
 - 3 months to 1 year
 - More than 1 year
- Did you ever buy other brands than your preferred brand (from Question 3.3)? (p. 11)
 - Yes
 - No
- What is the full name of the brand of cigarettes you usually prefer to smoke/most frequent alternate/your previous brand of cigarettes you smoke/? (Indicate one brand only.) (p. 9-13)
- Is that preferred/alternate/previous brand full flavor, milds, lights, or ultra lights? (Select only one.) (p. 9-13)
 - Full flavor
 - Milds
 - Lights
 - Ultra lights
- Is that preferred/alternate/previous brand methanol or non-methanol? (Select only one.) (p. 9-13)
 - Methanol
 - Non-methanol (regular)
- Is the length of that preferred/alternate/previous brand king size or shorter, 100s, or 120s? (Select only one.) (p. 9-13)
 - King size or shorter
 - 100s
 - 120s
- Is that preferred/alternate/previous brand usually soft pack or box? (Select only one.) (p. 9-13)
 - Soft pack
 - Box
- Is that preferred/alternate/previous brand filtered or non-filtered? (Select only one) (p. 9-13)
 - Filtered
 - Non-filtered
- What percent of the time did you smoke that alternate brand in the last month? (p. 11)
- What percent of the time did smoke that alternate brand in the last 3 months? (p. 12)
- Have you ever regularly smoked a brand other than your preferred brand? (p. 12)
 - Yes
 - No

Situational Behavior

- In a typical week during the last 3 months, about how many cigarettes did you smoke per day for each day of the week? (p. 10)
- Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, in movies, etc.? (p. 14)
 - Yes
 - No
- Do you smoke more frequently during the first hours after waking than during the rest of the day? (p. 14)
 - Yes
 - No
- Do you smoke if you are so ill that you are in bed most of the day? (p. 14)
 - Yes
 - No
- Over the past 3 months, have there been changes in the amount your spouse/partner [later, someone who visited home regularly] smoked product in your presence at home when you were

together? (For example, was your spouse/partner [or someone who visited your home regularly] away from home for an extended period of time?) (p. 18)

- ☐ Yes
- ☐ No
- ☐ During which week did the change occur? Think of the last 3 months as 12 weeks, with Week 1 as the first week (3 months ago) and Week 12 as last week. (Select all that apply.)
- ☐ What kind of change occurred?

Teenage Attitudes and Practices Survey

Smoking Cessation

- Have you tried to quit smoking in the last six months? (p. 7)
- How many times have you tried to quit smoking? (p. 7)
- Have you ever seriously thought about quitting smoking? (p. 7)
- When did you last try to quit smoking? (p. 7)
- When you last tried to quit, how long did you stay off cigarettes? (p. 7)
- Why did you try to quit smoking? (p. 8)
 - ☐ never smoked regularly
 - ☐ no reason
 - ☐ concern for my health
 - ☐ cost of cigarettes
 - ☐ pressure from family
 - ☐ pressure from friends
 - ☐ lost desire
 - ☐ pregnancy
 - ☐ bad/dirty habit
 - ☐ not cool
 - ☐ quit with someone else
 - ☐ tastes bad/didn't like taste
 - ☐ played/wanted to play sports
 - ☐ illness/too sick to smoke
 - ☐ other
- Have you quit smoking?
- When was the last time you smoked a cigarette, even a puff?
- How many times have you tried to quit before you quit this time?
- Why did you quit smoking?
- When you (quit/tried to quit) smoking did you . . . (p. 9)
 - ☐ feel a strong need or urge to have a cigarette?
 - ☐ Feel more irritable?
 - ☐ Find it hard to concentrate?
 - ☐ Feel restless?
 - ☐ Feel hungry more often?
 - ☐ Feel sad, blue, or depressed?
- Do you think you will ever want to quit smoking someday?
- Has a doctor, dentist, or nurse ever said anything to you about cigarette smoking? (p. 23)

Situational Behavior

- I smoke because it relaxes or calms me (5)
- I smoke because my friends smoke (5)
- If one of your best friends were to offer you a cigarette, would you smoke it? (p. 10)

- Smoking makes a good time even better (p. 11)
- Smoking helps keep me going when I'm tired (p. 11)
- I smoke more when I am rushed and have lots to do (p. 11)
- If a manufacturer introduced a product where cravings for the next cigarette were minimized, I would likely try it (p. 11)
- Do you smoke if you are so ill that you are in bed most of the day? (p. 12)
 - Yes
 - No

Behavioral Risk Factor Surveillance System

Smoking Cessation

- During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (p. 13)
 - Yes
 - No
 - Don't know/not sure
 - Refused
- About how long has it been since you last smoked regularly? (p. 60)
 - Within the past month
 - Within the past 3 months
 - Within the past 6 months
 - Within the past year
 - Within the past 5 years
 - Within the past 10 years
 - 10 or more years ago
 - Don't know/Not sure
 - Refused

Current Population Survey

Cessation of Smoking

- Have you ever smoked cigarettes every day for at least 6 months? (p. 9-7)
 - Yes
 - No
 - About how long has it been since you last smoked cigarettes every day?
 - Enter number
- Have you ever stopped smoking for one day or longer because you were trying to quit smoking? (p. 9-9)
 - Yes
 - No
- During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (p. 9-10)
 - Yes
 - No
- How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking? (p. 9-10)
 - Enter number of times
- During the past 12 months, what is the longest length of time you stopped smoking because you were trying to quit smoking? (p. 9-10)

- While out, away from home or work, during workdays
- When out, away from home or work, during non-workdays
- When around non-smokers; in non-smokers' homes
- In my car when alone; in my car with family and friends
- On long trips in the car with nonsmokers
- Do you find it difficult to refrain from smoking in places where it is forbidden? (e.g., in church, at the library, at the movies, etc.)? (p. 12)
 - Yes
 - No
- I sometimes refrain from smoking in public places even if smoking is permitted (p. 9)

Emotional State

- I smoke more when I am worried about something (p. 8)
- I smoke more cigarettes when I am upset or stressed (p. 8)
- I often inhale more deeply with little time between puffs when I am angry (p. 8)

Socialization

- I tend to light up a cigarette if I see others smoking (p. 8)
- I prefer smoking when in the presence of other smokers (p. 9)
- If my spouse or significant other changes brands, I change to the same brand (p. 9)
- I've switched brands of cigarettes in the past after seeing others smoke that brand (p. 9)
- When I see someone I want to meet I sometimes ask him/her for a cigarette solely for the purpose of talking to him/her (p. 9)
- If someone offers me a cigarette or asks me to join him or her in smoking, I typically do so even if I did not intend to smoke at that time (p. 9)
- I tend to smoke when I'm alone just to avoid the hassles (p. 9)

Sensory

- When I can't smoke the whole cigarette, I smoke a portion of the cigarette more intensely than when I can smoke the whole cigarette (p. 9)
- I've tried lighter products but always go back to full flavor products for the taste (p. 10)
- I've tried switching to lower tar (light or ultra light) cigarettes but switched back because they don't provide a satisfying smoke experience (p. 10)

Time of Day

- If I wake up in the middle of the night, I typically get up to smoke a cigarette (p. 11)
- Do you smoke more frequently during the first hours after waking than during the rest of the day? (p. 12)
 - Yes
 - No

Other Situational Factors

- If a cigarette manufacturer introduced a cigarette that was proven less harmful to me, I would likely try that brand (p. 8)
- If a cigarette manufacturer introduced a cigarette that generated little or no lingering odor, I would likely try that brand (p. 9)
- I really enjoy smoking with a drink (p. 9)
- I will sometimes try a brand simply because the packaging or advertising is appealing to me (p. 10)
- I reward myself with a cigarette after a long day (p. 11)
- I want to smoke when I am comfortable and relaxed (p. 11)
- I like a cigarette best when I am having a quiet rest (p. 11)
- I usually smoke when I can sit back and enjoy it (p. 11)
- I like smoking while I am busy and working hard (p. 11)

- Enter number
- During the past year, did any medical doctor advise you to stop smoking? (p. 9-12)
 - Yes
 - No
- Has a medical doctor ever advised you to stop smoking? (p. 9-12)
 - Yes
 - No
- During the past year, did any dentist advise you to stop smoking? (p. 9-13)
 - Yes
 - No
- Has a dentist ever advised you to stop smoking? (p. 9-13)
 - Yes
 - No
- Are you seriously considering stopping within the next 6 months? (p. 9-13)
 - Yes
 - No
- Are you planning to stop within the next 3- days? (p. 9-13)
 - Yes
 - No
- About how long has it been since you completely stopped smoking cigarettes? (p. 9-16)
 - Enter number
- Around the time 12 months ago, were you smoking cigarettes every day, some days, or not at all? (p. 9-17)
 - Every day
 - Some days
 - Not at all
- Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking? (p. 9-21)
 - Yes
 - No

2003 Youth Risk Behavior Survey

Cessation of Smoking

- During the past 12 months, did you ever try to quit smoking cigarettes? (p. 9)
 - I did not smoke during the past 12 months
 - Yes
 - No

National Youth Tobacco Survey

Cessation of Smoking

- When was the last time you smoked a cigarette, even one or two puffs? (p. 3)
 - I have never smoked even one or two puffs
 - Earlier today
 - Not today but sometime during the past 7 days
 - Not during the past 7 days but sometimes during the past 30 days
 - Not during the past 30 days but sometime during the past 6 months
 - Not during the past 6 months but sometime during the past year
 - 1 to 4 years ago

- 5 or more years ago
- Do you want to stop smoking cigarettes? (p. 3)
 - I do not smoke now
 - Yes
 - No
- Are you seriously thinking about quitting smoking? Would you say . . . (p. 3)
 - I do not smoke now
 - Yes, within the next 30 days
 - Yes, within the next 6 months
 - Yes, but not within the next 6 months
 - No, I am not thinking of quitting smoking totally and for good
 - Not sure
- During the past 12 months, how many times have you tried to quit smoking for at least a day? (p. 3)
 - I have never smoked cigarettes
 - I have not smoked in the past 12 months
 - None
 - 1 time
 - 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 or more times
- When you last tried to quit, how long did you stay off cigarettes? (p. 3)
 - I have never smoked cigarettes
 - I have never tried to quit
 - Less than a day
 - 1 to 7 days
 - More than 7 days but less than 30 days
 - More than 30 days but less than 6 months
 - More than 6 months but less than a year
 - More than a year
- Has someone in a doctor's or dentist's office (doctor, dentist, nurse, receptionist) talked to you about the dangers of tobacco use, in the past 12 months? (p. 3)
 - I have not visited a doctor's or dentist's office in the past 12 months
 - Yes
 - No
- In the past 12 months, did you do any of the following to help you stop smoking? (Mark yes or no for each response) (p. 3)
 - Attended a program in my school
 - Attended a program in the community
 - Called a help line or quit line
 - Used nicotine gum
 - Used nicotine patch
 - Visited an internet quit site
- Has either of your parents (or guardians) told you not to smoke cigarettes in the past 12 months? (p. 7)
 - Mother (female guardian) only
 - Father (male guardian) only
 - Both
 - Neither

- Probably yes
- Definitely yes
- Probably not
- Definitely not
- Do you believe smoking can help people when they are bored? (p. 20)
- Do you believe cigarette smoking helps people relax? (p. 20)
- Do you believe cigarette smoking helps reduce stress? (p. 20)
- Do you believe smoking helps people feel more comfortable at parties and in other social situations? (p. 20)

Adult Use of Tobacco Survey

(examples from the website: http://apps.nccd.cdc.gov/OIT/index_clt.asp)

Brand Usage

- When you smoked (PREVIOUS BRAND)'s did you smoke more than, less than, or about the same number of cigarettes per day as when you smoked (BRAND)?
- (The last time you switched) What brand of cigarettes did you switch from when you switched to a lower tar and nicotine cigarette to reduce the amount of tar and nicotine?
- (The most recent time you switched) What brand of cigarettes did you switch from when you switched to a lower tar and nicotine cigarette to reduce the amount of tar and nicotine?
- What brand of cigarettes did you switch to when you switched to a lower tar and nicotine cigarette?
- Approximately how many times have you switched types of cigarettes just to reduce the amount of tar and nicotine?

Smoking Cessation

- I am going to read a list of some of the reasons that people give for trying to quit smoking. As I read each one, please tell me if that reason was important to you as a reason to quit smoking. What about...
- You said earlier that the longest period that you ever stopped smoking lasted for (TIME). Which method or methods did you use to quit smoking for that (TIME) period? Anything else?